



DATE / / /

Internal Medicine Questionnaire for Consultations Without an Appointment

(内科予約外問診票)

Name _____	Age _____	ID _____
<input type="checkbox"/> male / <input type="checkbox"/> Female	Doctor in charge: _____	Body Temperature _____ °C

■ What is the main purpose of your visit today? (本日受診された理由はなんですか)☐ Routine examination(I was unable to go to the hospital on the day of the appointment/
I was unable to make an appointment)

定期健診 (予約の日に来院出来なかった/予約が取れなかった)

☐ Abnormalities were pointed out during the medical examination.

(健診で異常を指摘された)

☐ To hear the examination results. (検査の結果を聞くため)☐ Feeling unwell. (体調不良のため)**1 What are the main symptoms that you are experiencing, and When did these symptoms start?**

(どのような症状で、いつからですか?)

2 For the symptom(s) that you are experiencing now, have you visited any other clinic or hospital? (今回のことで、どちらかの医院・病院にかかりましたか?)☐ No ☐ Yes From _____ / _____ / _____ / Clinic or Hospital name _____**■ Do you have any medical referrals? (紹介状はお持ちですか)** ☐ No ☐ Yes

☆ Please note that there will be some waiting time for consultations without an appointment.

(予約外受診の場合、時間がかかりますのでご了承ください)